Commonwealth of Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living & Department for Developmental and Intellectual Disabilities

Participant Directed Services Corrective Action Plan

Participant:	Guardian:	Case Manager:
State Issue:		
Regulation/Policy Violation:		
Agreed Upon Resolution:		
Potential Consequences:		
Prevention:		
If issue stated in Corrective Action F Participant Directed Services may b Participant Directed Services.	Plan is not resolved within be pursued. Failure to reach an agr	_days from the date of signature, possible termination from reed upon resolution may result in request for termination fron
Participant Signature:		Date:
Guardian signature:		Date:
Representative Signature:		Date:
Case Manager Signature:		Date: